

No. 1291

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1291 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma S Price

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, 7 Days.

Color, Closed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 119 North Street

Cause of Death, { First (Primary), Second (Immediate), } Dentition
Convulsions

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial Lamb Cemetery

Date of Burial, July 15 1887

Undertaker, W. F. Madder

Place of Business, 46 Corner

E. H. Rutledge M. D.
Medical Attendant.

Address, 403 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1294 Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 14th 1887

Full Name of Deceased, Henry Hush

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 Years, 3 Months, 21 Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Baltimore County

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give Street and Number.}

916 George St.

Cause of Death, {First (Primary), Second (Immediate),}

Dysentery

Old age

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 16th 1887

{ Undertaker, J. Andrews

{ Place of Business, 1639 N. Ave St

J. Williams M. D.

Medical Attendant.

Address, Woodbury Md.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. A 1293 Office of Registrar of Vital Statistics. Ward 10²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillie Mary Mitchell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Female

Age, Years, Months, 7 Days.

Color, 22.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 405 Diamond Alley

Cause of Death, { First (Primary), Second (Immediate). } Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Luke's Church

Date of Burial, July 15th 1887

Undertaker, H. Ross.

Place of Business, 404 Conway.

James A. Stearns M. D.
Comm. "Health Registrar"
Address,

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John E. Minding Inspector

[OVER.]

No. 1294

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Health Department, City of Baltimore.

Permit No. A 1294 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Egar W Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 5 Days

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 648 Pitcher St.

Cause of Death, { First (Primary), Second (Immediate), } Malaria

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 16

{ Undertaker, Chas. P. Shippard Medical Attendant. John Neff M. D.

{ Place of Business, 1137 Pen ar Address, 701 Hamilton Ave

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[OVER.]

No. 1295

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1295 Office of Registrar of Vital Statistics.

Ward 3¹¹/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 14 - 87

Full Name of Deceased, George Shoub

Sex, Male or Female, Male

Age, 55 Years, 10 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Shordore

Birth Place, Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, (old) 43 Gough St

Cause of Death, Multiple Myeloma
First (Primary), Marasmus
Second (Immediate),

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Western Lane

Date of Burial, July 16th

Undertaker, W. L. Goff

Place of Business, 1518 Bond St Address, 4th St. Euter St.

Frank G. Meyer M. D.
Medical Attendant.

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[OVER.]

No. 1296

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1296 Office of Registrar of Vital Statistics.

Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, July 14th 1887

Full Name of Deceased, Agustin Wise
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male
Cross out the word not required in this line.

Age, Eighteen Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, Single
Cross out the words not required in this line.

Occupation, Cigar Maker

Birth Place, Baltimore
(State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, 924 Chestnut Alley
(Give Street and Number.)

Cause of Death, Consumption
First (Primary),
Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Landonpark Cem

Date of Burial, July 17th 1887

Undertaker, Julius Kachler L. B. Comings M. D.
Medical Attendant.

Place of Business, Sharps Bros Address, 1935 Linden Av

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1297 Office of Registrar of Vital Statistics. Ward 6^A

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CERTIFICATE OF DEATH. D

Date of Death, July 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank J Kasper

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 5 Years, Months Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Ball

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 921 N. Wolfe St.

Cause of Death, { First (Primary), Inflammatory enteritis
Second (Immediate), Exhaustion }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redemer.

Date of Burial, July 16 1887 Irving Milled M. D.

{ Undertaker, Frank Coach Medical Attendant.

{ Place of Business, 827 N. Durham St Address, 1207 E. Monument St

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[OVER.]

No. 1298

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1298 Office of Registrar of Vital Statistics.

Ward 6.

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CERTIFICATE OF DEATH.

Date of Death, July 14/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, One Days.

Color, colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, Four hours

All the above information should be furnished by the Physician.

Place of Burial, Lacerel CemeteryDate of Burial, July 15th 1887

{ Undertaker, Rev. Richmond }

{ Place of Business, Health Office }

Medical Attendant, J. J. Mantel M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 1299

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Health Department, City of Baltimore.

Permit No. A 1299 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July - 14th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levanda Bishop

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, 230 N. Mount St.

Place of Death, { Give Street and Number. } Thurs.

Cause of Death, { First (Primary), Second (Immediate), } Inanition.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Lincoln Park

Date of Burial, July 16/89

{ Undertaker, Henry A. Metcher } Amman F Hill M. D.

{ Place of Business, 1201 N. Fayette } Address 17 N. Calhoun St.

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[OVER.]

No. 1300

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1300 Office of Registrar of Vital Statistics.

Ward 14th

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CERTIFICATE OF DEATH.

Date of Death, July 15th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Ruth A Cunningham

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 48 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1117 Mulberry St

Cause of Death, { First (Primary), Second (Immediate), } Peritonitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 17th 1887

Undertaker, Denny & Mitchell

Place of Business, 1201 N. Fayette Address, Franklin St. Church

Medical Attendant, Dr. C. L. Hill M.D.
Clara D. Vanbiffen M.D.
1201 Edmondson Ave.

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[OVER.]